

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT								
	DID	DEP	DID	DEP	DID	DEP		DID	DEP	DID	DEP	DID	DEP
1							31						
2							32						
3							33						
4							34						
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13							43						
14							44						
15							45						
16	1						46						
17		1					47						
18		1					48						
19		1					49						
20		1					50						
21		1											
22		1											
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46													
47													
48													
49													
50													
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	9						TOTAL DEP.						
TOTAL CLAIMS	11						TOTAL CLAIMS						